## NON-PROVISIONAL UTILITY PATENT APPLICATION TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate (check, if applicable)

Commissioner for Patents
MAIL STOP PATENT APPLICATION
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. 053844-5002-01US First Named Inventor: Prockop et al. Express Mail Label No. EL946378527US Total Pages of Transmittal Form: 2



Transmitted herewith for filing is the non-provisional utility patent application entitled:

## ISOLATED STROMAL CELLS FOR USE IN THE TREATMENT OF DISEASES OF THE CENTRAL NERVOUS SYSTEM

an	[] Origin	nal; or							
a	[X] Cont	inuation, [] Divisional, or [] Continuation-in-part (CIP)							
	of prior U.S. Application <u>09/028,395</u> , filed <u>February 24, 1998</u> , which is a continuation-in-part of PCT								
	Application	on No. US/PCT96/04407, filed on March 28, 1996, which is a continuation of U.S. Application							
	No. <u>08/41</u>	2,066, filed on March 28, 1995, and which is also entitled to priority under 35 U.S.C. 119(e) to							
	U.S. Prov	risional Application No. 60/006,627, filed on November 13, 1995.							
	Anticipat	ed Group/Art Unit: or Class, Subclass							
	[X]	This non-provisional patent application is based on Provisional Patent Application							
	No	, filed							
Enc	losed are:								
	[X]	Specification (including Abstract) and claims: 60 pages.							
	[]	Application Data Sheet.							
	[]	Newly unexecuted Declaration.							
	[X]	Copy of Declaration from prior application.							
	[]	Revocation and Power of Attorney							
	[X]	Copy of <u>7</u> sheets of original (formal) drawings as filed in prior Patent Application No.							
		09/028,395 filed February 24, 1998.							
	[]	Microfiche computer program (Appendix).							
	[]	[] Nucleotide and/or Amino Acid Sequence Submission, including:							
		[] Computer readable copy [] Paper Copy [] Verified Statement.							
	[]	Under PTO-1595 Cover Sheet, an assignment of the invention							
	[X]	Name of Assignee: Philadelphia Health & Education Corporation							
	[]	Certified copy(ies) of Application No(s) filed is/are filed:							
		[] herewith or [] in prior application &@.							
	[X]	Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R.							
		§1.27 as [ ] an Independent Inventor, or [ ] a Small Business Concern, or [X] a Non-Profit							
		Organization.							
	[X]	Preliminary Amendment.							

- [X] Information Disclosure Statement and PTO-1449. Copies of the references cited are not included as they have been filed or cited in the parent application no. <u>09/028,395</u>.
- [] Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- [] Other:

્ર' . • ૪

The filing fee is calculated as follows:

	100 11 9	SMALL ENTITY			LARGE ENTITY		
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$375			BASIC FEE: \$750	
Total	18 -20 =	0	X9	\$0	OR	X18	\$
Independent	1-3=	0	X42	\$0	OR	X84	\$
[ ] Multiple D	Dependent Claims	\$140	\$	OR	\$280	\$	
		TOTAL	\$375.00	OR	TOTAL	\$	

- [ ] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- [] A check in the amount of to cover the filing fee is enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-0310** (Billing No. 053844-5002-01) as noted below. A duplicate copy of this sheet is enclosed.
  - [X] Any overpayments or deficiencies in the above-calculated fee.
  - [X] Filing fee in the amount of \$375.00 as calculated above.
  - [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
  - [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

## **CORRESPONDENCE ADDRESS:**

June 27 7003 (Date)

By:

RAQUEL M. ALVAREZ, PhD, J.D.

Registration No. 45,807

MORGAN, LEWIS & BOCKIUS, LLP

1701 Market Street

Philadelphia, PA 19103-2921 Telephone: (215) 963-5000 **Direct Dial: (215) 963-5403** 

Facsimile: (215) 963-5001

E-Mail: ralvarez@morganlewis.com

Attorney for Applicants

[X] Customer Number or Bar Code Label: 028977

RMA/QDN/prw

**Enclosures**